

Guidelines for Use of the Functional Assessment Staging Scale



Introduction

The Functional Assessment Staging Scale (FAST) is a screening test to quantitatively assess the degree of disability and to document changes that occur over time. It is not intended to serve as the sole criterion for diagnosing dementia or to differentiate between various forms of dementia. According to the National Hospice & Palliative Care Organization's Medical Guidelines, patients classified as Stage Seven of the FAST are those who are considered end stage and appropriate for hospice. Even severely demented patients may have a prognosis of up to two years. Survival time depends on variables such as the incidence of co-morbidities and the comprehensiveness of care. The FAST has scores which have been correlated with scores on the Mini Mental State Examination (MMSE). It is therefore a useful tool to support findings of the FAST scale.

When is the FAST to be completed?

The FAST should be completed on admission of any patient with Dementia/Alzheimer's Disease as the primary or secondary diagnosis. This should be documented on the Dementia Clinical Summary.

1. For each Dementia/Alzheimer's patient for each recertification period. The score is to be documented on the Dementia Clinical Summary.
2. Anytime a patient's cognitive function would be considered a prognostic indicator for survival or anytime there are significant changes in status. The score is then documented in the clinical note.
3. The FAST may also be completed for patients who have a coexisting cognitive impairment which may impact quality of life and survival. The score is then documented in the clinical note.

How to complete the FAST assessment

1. Nurses, psychosocial professionals, and physicians may complete the FAST assessment.
2. Review FAST form and annotated guidelines for scoring (see below).
3. Based on interview with patient/caregivers and observation, identify the highest consecutive level of disability based on guidelines.
4. Document score on the Dementia Clinical Summary.

Functional Assessment Staging Test

Following the admission process, when possible, the same health care provider should administer the scale on subsequent evaluations.

The tool "Typical Time Course of Alzheimer's Disease" is a helpful reference to use once the FAST score has been established. Once the score has been determined,



score placement on the tool can help to identify the usual time course of the disease and progression towards death. The “Typical Time Course of Alzheimer’s Disease” tool is only a reference and does not need to be completed or included in documentation.

Functional Assessment Staging Test (FAST)

1. No difficulty either subjectively or objectively.
2. Complains of forgetting location of objects. Subject work difficulties.
3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.
5. Requires assistance in choosing proper clothing to wear for the day, season or occasion, e.g., Patient may wear the same clothing repeatedly, unless supervised.*
6.
 - a. Improperly putting on clothing without assistance or cueing (e.g., may put street clothes on overnight clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.
 - b. Unable to bathe properly (e.g., difficulty adjusting bath-water temperature) occasionally or more frequently over the last weeks.
 - c. Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.
 - d. Urinary incontinence (occasionally or more frequently over the past weeks)*.
 - e. Fecal incontinence (occasionally or more frequently over the past weeks)*.
7.
 - a. Ability to speak limited to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview.
 - b. Speech ability is limited to the use of a single intelligible word in an average day or in the course of an intense interview (the person may repeat the word over and over).
 - c. Ambulatory ability is lost (cannot walk without personal assistance).
 - d. Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests (arms) on the chair).
 - e. Loss of ability to smile.
 - f. Loss of ability to hold head up independently.

References

Reisberg B. *Functional assessment staging (FAST)*. *Psychopharmacol Bull* 24(4): 653-659, 1988.

